

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>5/16/18</u>	<u>SODEXO FOOD SERVICE-SIMON SANCHEZ HIGH SCHOOL</u>
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	<u>9:20am</u>	<u>10:40am</u>
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<u>170003104</u>	<u>SODEXO MANAGEMENT, INC.</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	LOCATION (Address)
<u>CAFETERIA</u>			<u>1</u>	<u>653-7313</u>	<u>LOT 7022-2</u> <u>SIMON SANCHEZ HIGH SCHOOL 335 JACINTO ROAD, YIGUAGA</u>
No. of Risk Factor/Intervention Violations				<u>1</u>	RISK CATEGORY
No. of Repeat Risk Factor/Intervention Violations				<u>N/A</u>	<u>2B4</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health					
2	<input checked="" type="checkbox"/> OUT	Management awareness, policy present			6
3	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices					
4	<input checked="" type="checkbox"/> OUT N/A N/O	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="checkbox"/> OUT N/A N/O	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands					
6	<input checked="" type="checkbox"/> OUT N/A N/O	Hands clean and properly washed			6
7	<input checked="" type="checkbox"/> OUT N/A N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source					
9	<input checked="" type="checkbox"/> OUT	Food obtained from approved source			6
10	<input checked="" type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> COS	Food received at proper temperature			6
11	<input checked="" type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A N/O	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination					
13	<input checked="" type="checkbox"/> OUT N/A	Food separated and protected			6
14	<input checked="" type="checkbox"/> IN OUT N/A	Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)					
16	<input checked="" type="checkbox"/> OUT N/A N/O	Proper cooking time and temperatures			6
17	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper reheating procedures for hot holding			6
18	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooling time and temperatures			6
19	<input checked="" type="checkbox"/> OUT N/A N/O	Proper hot holding temperatures			6
20	<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures			6
21	<input checked="" type="checkbox"/> OUT N/A N/O	Proper date marking and disposition			6
Consumer Advisory					
22	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations					
23	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> R	Pasteurized foods used; prohibited foods not offered			6
Chemical					
24	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used			6
25	<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures					
26	<input checked="" type="checkbox"/> OUT N/A	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27	<input type="checkbox"/>	Pasteurized eggs used where required			1
28	<input type="checkbox"/>	Water and ice from approved source			2
29	<input type="checkbox"/>	Variance obtained for specialized processing methods			1
Food Temperature Control					
30	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1
31	<input type="checkbox"/>	Plant food properly cooked for hot holding			1
32	<input type="checkbox"/>	Approved thawing methods used			1
33	<input type="checkbox"/>	Thermometer provided and accurate			1
Food Identification					
34	<input type="checkbox"/>	Food properly labeled; original container			1
Prevention of Food Contamination					
35	<input checked="" type="checkbox"/> X	Insects, rodents, and animals not present			2
36	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			1
37	<input type="checkbox"/>	Personal cleanliness			1
38	<input type="checkbox"/>	Wiping cloths: properly used and stored			1
39	<input type="checkbox"/>	Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.					
Person In Charge (Print and Sign) <u>Josefine</u> <u>Nicholas</u>					
Date: <u>5/16/18</u>					
DEH Inspector (Print and Sign) <u>J. CRUZ</u> <u>EPHO</u> <u>E.LUM</u>					
Follow-up (Circle one): <u>YES</u> NO Follow-up Date: <u>5/26/18</u>					

SOBEY MANAGEMENT, INC.

Yellow: Food Establishment